

REDACTED - FOR PUBLIC INSPECTION

October 22, 2013

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 351157, IA, Ellsworth Cooperative Telephone Association
Connect America Fund WC Dockets 10-90 and 11-42

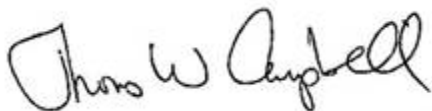
Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Ellsworth Cooperative Telephone Association, IA, SAC 351157 is filing its Form 481 High Cost and Low-Income Annual Report.

Ellsworth Cooperative Telephone Association seeks confidential treatment under the Protective Order in this proceeding. ¹ Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,



Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

¹ See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|----------------------|
| <010> Study Area Code | 351157 |
| <015> Study Area Name | ELLSWORTH COOP ASSN |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Tom Campbell |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 651-621-8511 |
| <039> Contact Email Address: Email of the person identified in data line <030> | tcampbell@otcpas.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|--|-----|--|-------------------------------------|-------------------------------------|
| (check box when complete) | | | | |
| <100> Service Quality Improvement Reporting <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | <input type="checkbox"/> | |
| <200> Outage Reporting (voice) <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) <div style="float: right; font-size: small;">(attach descriptive document)</div> | 0 | | <input checked="" type="checkbox"/> | |
| <310> Detail on Attempts (voice) | | | | |
| <320> Unfulfilled Service Requests (broadband) | | | | |
| <330> Detail on Attempts (broadband) <div style="float: right; font-size: small;">(attach descriptive document)</div> | | | | |
| <400> Number of Complaints per 1,000 customers (voice) | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | 0.0 | | | |
| <420> Mobile | 0.0 | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | | | |
| <440> Fixed | | | | |
| <450> Mobile | | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance <div style="float: right; font-size: small;">(check to indicate certification)</div> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 351157ia510 <div style="float: right; font-size: small;">(attached descriptive document)</div> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations <div style="float: right; font-size: small;">(check to indicate certification)</div> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 351157ia610 <div style="float: right; font-size: small;">(attached descriptive document)</div> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | | |
| <710> Company Price Offerings (broadband) <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | | |
| <800> Operating Companies and Affiliates <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | | |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <div style="float: right; font-size: small;">(if yes, complete attached worksheet)</div> | | | <input checked="" type="checkbox"/> | |
| <1000> Voice Services Rate Comparability <div style="float: right; font-size: small;">(check to indicate certification)</div> | | | | |
| <1010> <div style="float: right; font-size: small;">(attach descriptive document)</div> | | | | |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <div style="float: right; font-size: small;">(if not, check to indicate certification)</div> | | | <input checked="" type="checkbox"/> | |
| <1110> <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | | |
| <1200> Terms and Condition for Lifeline Customers <div style="float: right; font-size: small;">(complete attached worksheet)</div> | | | | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|--|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|--------------------|---|--|
| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2013 |
| <702> | Single State-wide Residential Local Service Charge | |

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| | |
|---|---|
| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 /OMB Control No. 3060-0819 July 2013 |
|---|---|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
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[illegible]

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |
| <810> | Reporting Carrier | Ellsworth Cooperative Telephone Association |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|----------------------|
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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

| | |
|---|--|
| <1210> Terms & Conditions of Voice Telephony Lifeline Plans | <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">351157ia1210</div> Name of attached document (.pdf) |
|---|--|

| | |
|-------------------------------|---|
| <1220> Link to Public Website | HTTP <div style="border-bottom: 1px solid black; display: inline-block; width: 90%;"></div> |
|-------------------------------|---|

“Please check these boxes below to confirm that the attached PDF,
 on line 1210, or the website listed, on line 1220,
 contains the required information pursuant to §
 54.422(a)(2) annual reporting for ETCs receiving low-income
 support, carriers must annually report:

| | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

| | | |
|-------|---|----------------------|
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| <020> | Program Year | 2014 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
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| <010> | Study Area Code | 351157 |
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| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | |
|--|---|--|
| <p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> |
| <p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> | <p>Name of Attached Document Listing Required Information</p> | <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) |
| <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> | | <input checked="" type="checkbox"/> |
| <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input checked="" type="checkbox"/> |
| <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> | <p>Name of Attached Document Listing Required Information</p> | <p>351157ia3017</p> |
| <p>(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | | <input type="checkbox"/> (Yes/No) |
| <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> | | <input type="checkbox"/> |
| <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> | | <input type="checkbox"/> |
| <p>(3022) Underlying information subjected to a review by an independent certified public accountant</p> | | <input type="checkbox"/> |
| <p>(3023) Underlying information subjected to an officer certification.</p> | | <input type="checkbox"/> |
| <p>(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3025) Attach the worksheet listing required information</p> | <p>Name of Attached Document Listing Required Information</p> | |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
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| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
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| <010> | Study Area Code | 351157 |
| <015> | Study Area Name | ELLSWORTH COOP ASSN |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tcampbell@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|---|
| I certify that (Name of Agent) <u>Tom Campbell</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | Tom Campbell |
| Name of Reporting Carrier: | ELLSWORTH COOP ASSN |
| Signature of Authorized Officer: | CERTIFIED ONLINE |
| Printed name of Authorized Officer: | Joshua Angove |
| Title or position of Authorized Officer: | Manager |
| Telephone number of Authorized Officer: | 515-836-4431 |
| Study Area Code of Reporting Carrier: | 351157 |
| | Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|---|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | ELLSWORTH COOP ASSN |
| Name of Authorized Agent or Employee of Agent: | Tom Campbell |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE |
| Printed name of Authorized Agent or Employee of Agent: | Tom Campbell |
| Title or position of Authorized Agent or Employee of Agent: | Consultant |
| Telephone number of Authorized Agent or Employee of Agent: | 651-621-8511 |
| Study Area Code of Reporting Carrier: | 351157 |
| | Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

SAC: 351157

State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

1. Ellsworth Coop Assn (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
 - a. Modifying or replacing the requesting customers equipment.
 - b. Adjusting network or customer facilities.

3. Service Quality Standards

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

SAC: 351157

State: IA

Ellsworth Coop Assn

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

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Ellsworth Coop Assn

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Ellsworth Coop Assn has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
 - A minimum of four hours of battery service in each central office.
 - A permanently installed power unit in exchanges, or
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.

- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Terms and Conditions

1. Ellsworth Coop Assn (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information**Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP)
 Federal Public Housing Assistance (Section 8)
 Supplemental Nutrition Assistance Program (SNAP)
 Medicaid
 National School Lunch Program's Free Lunch Program
 Supplemental Security Income (SSI)
 Temporary Assistance for Needy Families (TANF)

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2013 Federal Poverty Guidelines – 135%

| Household Size | 48 Contiguous States and D.C. |
|---------------------------------|--|
| 1 | \$ 15,512 |
| 2 | 20,939 |
| 3 | 26,366 |
| 4 | 31,793 |
| 5 | 37,220 |
| 6 | 42,647 |
| 7 | 48,074 |
| 8 | 53,501 |
| For Each Additional Person, Add | 5,427 |

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

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Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Terms and Conditions (Continued)

Lifeline Program Eligibility Information (Continued)

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

2. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users
3. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
 - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to qualify for lifeline.
 - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
- 4 The specific Company terms and conditions for the Companies Lifeline Plans are set forth in pages included in Exhibit 1, attached.

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Ellsworth Coop Assn

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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Proposed ETC Certification Reporting Form Quality of Service Reporting due July 1, 2013 Reporting Period January 1 - December 31, 2012

USAC Study Area Code: 351157

Date: July 1, 2013

Company Name: Ellsworth Cooperative Telephone Association Address: 1540 Dewitt St, Ellsworth IA, 50075
Contact Person: Joshua Angove Telephone: 515-836-4431 Fax: 515-836-2310
E-Mail: jangove@netins.net

Local Usage – 199 IAC 39.5(1). The amount of minutes of service provided each month, without any additional charge, as part of the ETC-eligible service. Each ETC shall include a description of its rate plans; a definition of the calling area associated with the plans; an explanation of bundling of local and long distance services; an explanation of free calls to government agencies or other entities; and an explanation of other issues related to the rates and terms of the plans. (Attach additional sheets as needed).

Description of Rate Plans: To add additional rows to the table, press the tab key when in the bottom right table cell.

| Service Plan Name | Minutes of Service | Calling Area for service Plan | Services Included in Service Plan | Free calling Information Included in the Service Plan | Other Issues Related to the Rates and Terms of the Service Plan |
|-------------------|--------------------|--|-----------------------------------|---|---|
| Ellsworth | | Ellsworth, Garden City, Jewell, Radcliffe | Local Calling, E911 | 811, 711, 511, 211 | Rate: \$14.00 |
| Garden City | | Ellsworth, Garden City, Radcliffe, Hubbard | Local Calling, E911 | 811, 711, 511, 211 | Rate: \$14.00 |
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State: IA

Ellsworth Coop Assn

Form 481 Line No. 3017 RUS Annual Report

ATTACHEMENT REDACTED IN ENTIRETY